

Block 1 – select appropriate animal type

Block 2 – create certificate number. NOTE: VCO created numbers are as follows:

yyyyymmdd-POA-01-last 4 digits of microchip **OR** yyyyymmdd-MWD-01-last 4 digits of microchip

*****DO NOT RE-USE CERTIFICATE NUMBERS FOR THE SAME OWNER.** If issuing 2 separate certificates, there **MUST** be 2 different certificate numbers ***

Block 3 – Number of animals per health certificate

Block 4 – page number (ex. 1/1 or 1 of 1, etc.)

Block 5 – Name, address, phone number of owner. NOTE: Name **MUST** match travel orders

Block 6 – Name, address, phone number of recipient. NOTE: Should also match travel orders unless pet is being shipped separately. If different, power of attorney should be presented with travel orders.

Block 7 – Name and microchip(s), breed, age, sex, and color of animal. NOTE: these **MUST** match the FAVN form

Block 8 – Required: rabies immunization, date, and product. All other vaccines and diagnostic tests are optional

Block 9 – **CRITICAL – FAVN MUST BE DOCUMENTED HERE AS FOLLOWS:**

FAVN Serum/specimen draw date:

FAVN Results:

Lab: DOD FADL or Kansas State University

*****ORIGINAL FAVNs MUST BE PRESENTED TO KOREAN QIA OFFICERS ON ENTRY TO KOREA*****

Veterinary Certification and Endorsement:

Filled out completely, **SIGNED IN BLUE**, and Officially Stamped or Embossed Stamp (USDA)

<small>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>				<small>No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 143.9; CFR, Subchapter A, Part 2).</small>				<small>OMB APPROVED 0579-0036 0579-0333</small>	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS				1. TYPE OF ANIMAL SHIPPED (select one only) <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> Nonhuman Primate <input type="checkbox"/> Ferret <input type="checkbox"/> Rodent				2. CERTIFICATE NUMBER - OFFICIAL USE ONLY 20150112 - POA - 01- 1234 / B254 20150112 - POA - 02- 9876	
3. TOTAL NUMBER OF ANIMALS 2 (Two)				4. PAGE 1/1					
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR) Joe Owner 123 Elm St Barksdale, TX, 23456 (123) 456-7890				6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE) Joe Owner Unit Address in Korea Bldg XXXX Camp Humphreys, Korea DSN 315-XXXX-XXXX 031-XXXX-XXXX					
7. ANIMAL IDENTIFICATION				8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY					
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION		BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input checked="" type="checkbox"/> 3 YEARS Vaccination Date: 14 Jul 14 Product: Merial - Imrab 3		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date: 14 Jul 14 Product Type and/or Results: DA2PPL	
(1) Jerry M/C# 987 654 321 951 234		Poodle	5y	M/N	Black				
(2) M/C# 0A6S41B254									
(3)									
(4) Jerry M/C# 654 123 789 876		GSD	7y	M	Blk/tan	10 Jun 14 Merial - Imrab 3		10 Jun 14 DA2PPL	
(5)									
(6)									
9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED) FAVN Specimen drawn: 1 AUG 14 FAVN Results: 4, 16 IU/ml Lab: Kansas State University				VETERINARY CERTIFICATION: I certify that the animal(s) described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements). <input checked="" type="checkbox"/> I have verified the presence of the microchip, if a microchip is listed in box 7. <input checked="" type="checkbox"/> I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health. <input checked="" type="checkbox"/> To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.					
ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED) PRINTED NAME OF USDA VETERINARIAN Steve Merica, DVM CPT, VC Official Veterinarian, Accreditation# 003456				NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN Joe Johnson, DVM Any Base VTF 4321 Name St City, ST XXXXX (034) 987-3210				LICENSE NUMBER AND STATE ST - XXXXXXX Accredited <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below NATIONAL ACCREDITATION NUMBER 654321	
SIGNATURE OF USDA VETERINARIAN <i>Steve Merica</i>		DATE 15 Jan 15		SIGNATURE OF ISSUING VETERINARIAN <i>Joe Johnson</i>		DATE 15 Jan 15			
<small>APHIS Form 7001 (NOV 2010)</small>				<small>NOTE: International shipments may require certification by an accredited veterinarian.</small>					
<small>This certificate is valid for 30 days after issuance</small>									